香港家庭福利會
Hong Kong Family Welfare Society

Family 愛+人

SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香 港 大 學 公 共 衞 生 學 院

FAMILY: A Jockey Club Initiative for a Harmonious Society
愛＋人：賽馬會和諧社會計劃

BEST SCIENCE
BEST PRACTICE
最好的科學
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Intervention Project Series

Evaluation on Harmony@Home Project

Randomized Controlled Trials
隨機對照試驗

EVIDENCE BASED
EVIDENCE GENERATING
實証為本
提証為人

harmony @ home
愛＋人：家多・和諧

捐助機構
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The Hong Kong Jockey Club Charities Trust

3Hs • HEALTH • HAPPINESS • HARMONY • 家有康和樂 • 健康 • 快樂 • 和諧

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健健康康 開開心心 和和氣氣
Health Happiness Harmony
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PREFACE (1)

Being the largest community benefactor in Hong Kong, The Hong Kong Jockey Club increasingly takes proactive approach to tackling pressing social issues through its unique not-for-profit business model and Charities Trust. The wide range and diversity of projects and programmes reflect the Club's role as a "Force for Good" in society. To ensure their maximum reach and effectiveness, we work closely with non-governmental organisations ("NGOs"), district organisations and other parties across Hong Kong as trusted community partners, helping to fill gaps in a number of important areas and support needy groups across different parts of the city.

In recent years, our society is undergoing rapid changes together with macro social and economic trends. Demographic shifts, economic upheavals, changing societal norms and values together with immigration across borders are creating new and altered structures, processes and relations within families. The family structure has become more complex and diverse, creating a range of discords to family life.

To address these social issues, The Hong Kong Jockey Club Charities Trust earmarked HK$250 million in 2007 to launch a citywide project – "FAMILY: A Jockey Club Initiative for a Harmonious Society". Led by the School of Public Health of The University of Hong Kong, the project has been carrying out a six-year territory-wide household survey, developing intervention projects, as well as conducting a wide range of community participatory programmes. By adopting a positive preventive and public health approach, the project aims at devising suitable preventive measures and to strengthen and promote the 3Hs for a family: health, happiness and harmony.

The "Harmony@Home Project" was successfully implemented in Tseung Kwan O and Tuen Mun Districts in 2011 by a collaboration between the Hong Kong Family Welfare Society and the School of Public Health of The University of Hong Kong, with the participation of many parents in the districts. The project aimed to enhance parent-child relationships among families. Through this report, we hope to demonstrate that simple interventions can be effective in promoting positive parenting and communication skills.

On behalf the Club, I would like to thank the Hong Kong Family Welfare Society, and various schools and churches involved in the project, for their enormous support which enabled the project to be carried out smoothly. I would also like to thank the School of Public Health of The University of Hong Kong for its unfailing support and advice since the inception of the project, striving to spread the 3Hs to the community.

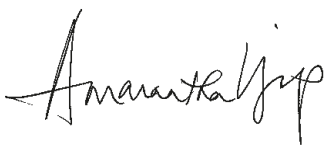
Mr. Douglas SO
Executive Director, Charities
The Hong Kong Jockey Club

PREFACE (2)

Striving to work for the well-being of families has been the most important mission of Hong Kong Family Welfare Society. “Family Perspective” has been the vision of the Society to provide and develop new services. And we are dedicated to support and enhance family functions and prevent family conflicts through the services provided by our professionals.

Family cycle is a dynamic process. The change of an individual may bring forth instability to the whole family, hence knowledge to cope with change is vital. When a child enters adolescent stage, parents may encounter numerous challenges. Parents need to adjust to the new role in the relationship with child, equip with communication skills to relate to the rapidly changing child and cope with the stress caused by the growing child. It is our great pleasure to learn that The Hong Kong Jockey Club Charities Trust has invited the School of Public Health of The University of Hong Kong to launch the FAMILY Project to promote Health, Happiness and Harmony (3Hs) so as to build a harmonious society. The opportunity to collaborate with different discipline to pull together our expertise to work for the benefits of the society is what we treasure. Under the project, two intervention models were tested on their effectiveness and sustainability in helping participants to equip with essential elements that help to prevent parent-child conflicts and increase happiness and harmony in family. The result is fruitful and enlightening and brings new direction in future parenting work.

We rejoice at the publishing of this report. We would like to express our heartfelt thanks to The Hong Kong Jockey Club Charities Trust for their vision in the initiative of the FAMILY Project and the generous funding support to make the territory-wide and stringent research possible. Gratitude to the School of Public Health of The University of Hong Kong is also indispensable. The collaboration has been inspiring and their expertise in conducting research turned into profound guidance in the process of the study. We would also like to thank the community partners including schools and churches that helped to promote the project to users. Last but not the least, we must express our deepest thanks to all the participants for their precious time and suggestions to us. Without them, the study could not have been so successfully completed.



Ms. Amarantha YIP
Executive Director
Hong Kong Family Welfare Society

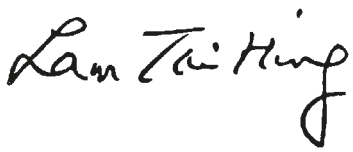
PREFACE (3)

Family is the elementary building block of any society. Harmonious society cannot be built without positive family relationship. Nowadays in Hong Kong, however, the diminishing traditional family values, the long working hours and stressful urban lifestyle pose great hindrances to positive family communication.

In view of this, The Hong Kong Jockey Club Charities Trust initiated and donated HK$250 million to fund and launch a citywide project entitled "FAMILY: A Jockey Club Initiative for a Harmonious Society", in collaboration with the School of Public Health of The University of Hong Kong. The project aims at identifying the sources of family problems, devising cost-effective preventive measures and promoting FAMILY Health, Happiness and Harmony (3Hs) through a territory-wide household survey, a variety of intervention projects and extensive public education.

Harmony@Home Project, in partnership with the Hong Kong Family Welfare Society, is one of the major intervention projects under the FAMILY Project. By adopting the Community-based Participatory Research (CBPR) model, the Harmony@Home Project used the public health approach for project planning, implementation and evaluation on the one hand, and gathered the power of social service organisations, schools and churches to benefit the families through the best social work practice on the other. The project is thus regarded as a ground-breaking initiative in Hong Kong which integrates "Best Science" and "Best Practice" to generate the "Best Evidence".

The Harmony@Home Project has been completed with a great success. I wish that through this report, the findings and experiences can be shared with the community partners and other stakeholders, and the messages and skills of positive parenting and communication can be spread across the territory, which will result in better family relationship and FAMILY 3Hs.



Professor LAM Tai Hing
Principal Investigator, FAMILY: A Jockey Club Initiative for a Harmonious Society
Sir Robert Kotewall Professor in Public Health
Chair Professor of Community Medicine, School of Public Health, The University of Hong Kong

FAMILY: A JOCKEY CLUB INITIATIVE FOR A HARMONIOUS SOCIETY

BACKGROUND & OBJECTIVES

- Family is the base of every society. No harmonious society can be built without loving family relationships. However, traditional family values inevitably start to change when a society becomes more economically, socially and educationally advanced, as is the case in today's Hong Kong, and many family discord cases emerge.
- To help build a more harmonious society, The Hong Kong Jockey Club Charities Trust has invited the School of Public Health of The University of Hong Kong to collaboratively launch a project entitled "The FAMILY Project" with a HK$250 million funding.
- The project is based on the premise that traditional Chinese values of cherishing family relationships can still be adapted to modern-day life, and can help promote the 3Hs – Health, Happiness and Harmony – across generations. It is preventive in nature, rather than trying to rectify family problems.

THE PROGRAMME

- The project comprises three components:

1. TERRITORY-WIDE HOUSEHOLD SURVEY

The survey focuses on the family as a unit. The survey uses a public health approach that brings together various scientific disciplines such as medical, behavioural and social sciences (including psychology and social work), epidemiology, biostatistics, and environmental science. It links social practices, medicine, education, journalism and the media so as to identify the source of domestic problems and derive a preventive response that is complementary, wide-reaching, pervasive, and cost-effective. Government and other related organisations will be able to use the information and evidence to formulate long-term public policies and programmes.

1.1 Scope and duration:

- The following data were collected: personal and family particulars, lifestyles (such as eating and physical activities), physical and psychological health, happiness index, family harmony index, religious beliefs, neighbourhood relationships, work status, and use of medical and social resources, etc.
- The survey lasted for 6 years. The first household visit was conducted from March 2009 to May 2011. A total of 20,964 households (with 47,697 individuals) were successfully enumerated. The second household visit started in July 2011 to re-visit the households, and was completed in 2014.

1.2 Sample selection:

- A total of 20,964 households were enumerated. In order to reflect the situation in different stages of life span and community development, other than households from the general population, 5 targeted populations were sampled: 1) newly weds; 2) households with Primary One students living in Sham Shui Po, Kwun Tong, Hong Kong East and Hong Kong South; 3) people with recent health shocks (e.g. cancer, stroke, and coronary heart disease); 4) households living in Tung Chung, Tin Shui Wai or Tseung Kwan O; and 5) a random sample of single-member households.

1.3 Research methods:

- During the survey period, fieldworkers have conducted 2 household visits and in-between telephone and web-based follow-ups. Data collected were treated in strict confidentiality.

1.4 All participating households have became members of the "1% Club" and are eligible for all privileges, including free health information services; free access to an e-health platform which can generate real-time personalised health assessment based on the personal health data given (e.g. blood pressure index); and receive updates of the survey's progress on a regular basis.

2. INTERVENTION PROJECTS

2.1 Five pilot intervention projects were completed, in partnership with four non-governmental organisations (NGOs) and the Department of Health.

2.2 The intervention projects, developed by the various project partners in collaboration with School of Public Health, The University of Hong Kong (SPH) were designed in accordance with public health principles to be cost-effective and sustainable. Each intervention was theory-based with clearly defined, measurable and achievable objectives, was short in duration (four to five sessions), and was brief (two to three hours a session). Participants were encouraged and empowered to practice key parenting skills at home. In order to enhance the programme's sustainability and cost effectiveness, the programmes were delivered by experienced community social workers.

2.3 Pilot studies of the five intervention projects with 2 major objectives of enhancing family and parent-child relationships were conducted in 2009 and early 2010 in 13 different districts of Hong Kong. The targeted participants included families with pregnant women and children in primary school. About 100 to 150 families were involved in each project. Changes in participants' behaviour and attitudes for the study-specific outcomes, as well as the interventions' effectiveness in enhancing FAMILY 3Hs, were evaluated by follow up surveys and qualitative methods (focus groups and in-depth interviews). The 5 intervention programmes, using the most rigorous design of randomized controlled trial (RCT) with SPH's deep collaboration, were:

- "Effective Parenting Programme"《愛 + 人：「有教 • 無慮」家庭和諧計劃》organised by Caritas Hong Kong,
- "Harmony@Home"《愛 + 人：「家多 • 和諧」計劃》organised by Hong Kong Family Welfare Society,
- "Happy Transition to Primary One"《愛 + 人：「愉快學習上小一」計劃》organised by Hong Kong Sheng Kung Hui Welfare Council,
- "H.O.P.E." (Hope Oriented Parents Education for Families in Hong Kong)《愛 + 人：「愛家 • Teen 希望」希望故事計劃》organised by Hong Kong Christian Service, and
- "Share the Care, Share the Joy"《愛 + 人：「共育共樂」計劃》organised by the Maternal and Child Health Centres of the Department of Health.

2.4 With the positive results of the pilot intervention projects, two larger main RCT were completed by Caritas Hong Kong and Hong Kong Family Welfare Society with SPH, with improved content, larger sample sizes and more districts in July 2010 to December 2012.

2.5 From June 2011 to June 2013, a new RCT intervention project was launched by the International Social Service Hong Kong Branch in collaboration with SPH, to help strengthen resilience in new immigrant families, namely "FAMILY: Boosting Positive Energy Programme"《「愛 + 人 • 家添正能量」計劃》.

2.6 A school programme using the cluster RCT design, was launched from April 2012 to May 2013 by the Tung Wah Group of Hospitals, in collaboration with SPH, namely "More Appreciation and Less Criticism"《「愛 + 人 • 多讚少彈康和樂」計劃》. This project aimed to increase appreciation and decrease criticism in 1,000 parents and their school-aged children with a control group of increasing fruit and vegetables consumption, and was successfully completed in May 2013.

2.7 The Intervention Team actively worked with different non-governmental organisations or social service agencies to explore the feasibility of launching different interventions programmes to meet the diverse needs of people in the community.

2.8 All intervention projects were completed in 2013 and the final report will be ready in 2014.

3. PUBLIC EDUCATION – HEALTH COMMUNICATION

3.1 FAMILY 3Hs messages were disseminated to the general public through various channels to raise their awareness of family values, enhance their communication and participation. Community-wide events were held to promote FAMILY 3Hs and provide an opportunity for fostering harmonious relationships among family members.

3.2 Different media tools, such as newspapers, magazines, the Internet, television and advertisements were used to promote positive attitudes towards FAMILY 3Hs and enhance the public's awareness of family values.

3.3 A cross-sectional telephone survey is being conducted every year to assess changes in behaviour among the general public and the effectiveness of the programmes in promoting FAMILY 3Hs. The first and the second population-based surveys, entitled "Hong Kong Family and Health Information Trends Survey" (HK-FHInTS), were completed in 2009 and 2010 respectively. The results were released in a press conference held on 26 September 2010. The results were widely reported by the mass media and had successfully aroused public's awareness on the FAMILY 3Hs message. The third and forth surveys were completed in 2012 and 2013 respectively.

3.4 Training workshops, seminars and symposiums are being held using appropriate communication strategies to share experiences, and to develop a critical mass of social and community workers capable of promoting FAMILY 3Hs.

3.5 A public education programme, nine-episode "Love Family" TV series, sponsored by The Hong Kong Jockey Club, was produced by the Radio Television Hong Kong (RTHK). The thirty-minute programme was broadcasted on TVB Jade at 8:00 pm Saturdays from 23 January to 27 March 2010. A ceremony was held on 17 January 2010 at Times Square, Causeway Bay to announce the launch of the series.

3.6 Government department and two NGOs, in collaboration with SPH, initiated and completed four community-based participatory projects with the aim of promoting FAMILY 3Hs through local organisations and agencies:

- "Happy Family Kitchen I Project"《「快樂家庭廚房 I」計劃》organised by The Hong Kong Council of Social Service with the participation of over 19 NGOs, schools, community groups and government department in Yuen Long,
- "Learning Families Project"《愛 + 人「齊來學 • 愛家」計劃》organised by Christian Family Service Centre in Kwun Tong with the participation of Estate Management Advisory Committees (EMACs) and Mutual Aid Committees (MACs),
- "Enhancing Family Well-being Project"《「家」「深」幸福計劃》organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and with the participation of 39 NGOs, community groups and schools in Sham Shui Po, and
- "Happy Family Kitchen II Project"《「快樂家庭廚房 II」計劃》organised by The Hong Kong Council of Social Service with the participation of over 24 NGOs, schools, community groups and government department in Tsuen Wan and Kwai Tsing.

Rigorous and longitudinal evaluations were conducted using quantitative and qualitative methods to assess the effectiveness of these innovative community-based interventions in promoting FAMILY 3Hs in the community and the effectiveness of the training programmes of service workers.

3.7 In collaboration with the Sha Tin District Council, "Sha Tin Family Fun Fest"《沙田節賽馬會「愛 + 人」家家康和樂嘉年華》was organised in December 2010.

3.8 The Hong Kong Jockey Club "Sha Tin Family Arts and Fun Day"《「愛 + 人」: 沙田藝圃樂》was organised in December 2011.

3.9 In 2010-11, a programme with the theme of "FAMILY Goes Green" was completed in 85 primary schools from six designated districts. Over 18,000 P.4 to P.6 students and their families actively participated in the educational activities with the aim of obtaining a deeper understanding of FAMILY 3Hs.

3.10 From March 2012 to October 2013, a drama school tour (performed by a professional drama company) to 100 schools was launched by The Boys' & Girls' Clubs Association of Hong Kong with SPH, namely "3Hs Family Drama Project"《「家添戲 FUN」計劃》. This project aimed to enhance FAMILY 3Hs and promote positive communication among senior primary school students and their families through drama performances, DVD viewing with family members and online participation of expressing love to family members, and was successfully completed in October 2013, ending with two successful public performances by primary school students from Tai Po and Western District.

3.11 From December 2012 to March 2013, Hong Kong Island Women's Association (HKIWA) and SPH jointly organised a pioneering community survey conducted by trained volunteers, namely "Amazing Body, Mind and Soul Women's Health Project"《奇妙身 • 心 • 靈婦女健康計劃》. The survey focused on investigating family health, happiness and harmony among residents living on Hong Kong Island. Women volunteers of the HKIWA attended a one-day workshop conducted by the SPH and the HKIWA to introduce them the basic skills and techniques used in questionnaire survey. The training was found to have boosted up women volunteers' self confidence, enhanced family communication, neighbourhood support network, and community involvement.

3.12 The FAMILY Project actively co-organised and participated in various kinds of community events with the aims to promote the FAMILY 3Hs messages by means of exhibitions, games booths, and talks, etc. Some of the community events co-organised with NGOs and community organisations include:

- "Kowloon City World Health Day 2010"《2010 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2010 in collaboration with 17 social service units/ community organisations and SPH,
- "Sham Shui Po Well-being Movement - Sham Shui Po Well-being Day"《幸福由深出發運動 – 深水埗幸福日》, organised by Sham Shui Po District Social Welfare Office of Social Welfare Department and Sham Shui Po District Council, was held in October 2010 in collaboration with 45 social service units/ community organisations and SPH,
- Participated in "Central and Western District Community Concern Day 2010"《2010 年中西區關愛日 》, organised by the Central and Western District Council and Caritas Mok Cheung Sui Kun Community Centre in December 2010,
- Participated in "2011 District Welfare Planning Seminar"《2011 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 2 districts from February to March 2011,
- "Kowloon City World Health Day 2011"《2011 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2011 in collaboration with 17 social service units/ community organisations and SPH,
- Participated in "CADENZA: Elder at PEACE Launching Ceremony"《流金頌社區計劃－長和滿葵青啟動禮暨嘉年華》, organised by Hong Kong Christian Service and CADENZA Project in February 2012,
- Participated in the Fun Fair《「擁抱生命 與您同行」愛心嘉年華》organised by Hong Kong Sheng Kung Hui Welfare Council in collaboration with 8 social service units/ community organisations in February 2012,
- Participated in "Haven of Hope Tseung Kwan O and Sai Kung District Support Centre Opening Ceremony"《靈實將軍澳及西貢地區支援中心開幕典禮》organised by the Haven of Hope Christian Service in February 2012,
- Participated in "2012 District Welfare Planning Seminar"《2012 年地區福利規劃研討會》, organised by District Social Welfare Offices of Social Welfare Department in 6 districts in March 2012,
- "Kowloon City World Health Day 2012"《2012 年九龍城世界衛生日》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2012 in collaboration with social service units/ community organisations,
- "2012-2013 Central and Western District Health Festival"《2012 至 2013 年度中西區健康節－健康生活齊參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2012 in collaboration with 37 social service units/ community organisations and SPH,

- "2012 Central and Western District Healthy City Carnival"《2012年中西區健康城市齊共創嘉年華》, organised by the Central and Western District Council, was held in December 2012 in collaboration with 13 social service units/ community organisations and SPH,
- "2013-2014 Central and Western District Health Festival"《2013 至 2014 年度中西區健康節－健康生活 全家參與》, organised by the Central and Western District Council and co-organised by the Central and Western District Office of Home Affairs Department, was held in November 2013 in collaboration with 36 social service units/ community organisations and SPH,
- "2013 Central and Western District Healthy City Carnival"《2013 年中西區健康城市「一家齊減壓」嘉年華》, organised by the Central and Western District Council, was held in December 2013 in collaboration with 12 social service units/ community organisations and SPH, and
- "Kowloon City World Health Day 2014"《2014 年世界衛生日－健康龍城嘉年華「病媒傳播的疾病」》, organised by the Building Healthy Kowloon City Association, Department of Health, Kowloon City District Office of Home Affairs Department, and Kowloon City District Council, was held in April 2014 in collaboration with 19 social service units/ community organisations and SPH, etc.

3.13 With SPH's successful advocacy for using family as the theme, the "FAMILY 3Hs Gathering Day"《愛 + 人：家家樂聚日》was held in the Central and Western District on 20 October 2013, by the Steering Committee on Healthy City in the Central and Western District of the Central and Western District Council, Hong Kong Island Women's Association, Hong Kong Central and Western District Women Association, Federation of Parent-Teacher Associations of the Central and Western District, The Boys' & Girls' Clubs Association of Hong Kong Jockey Club Sheung Wan Children & Youth Integrated Services Centre and Caritas Mok Cheung Sui Kun Community Centre.

EXECUTIVE SUMMARY

This report summarizes the results of two parenting interventions for Harmony@Home Project, conducted by Hong Kong Family Welfare Society (HKFWS) and the School of Public Health of The University of Hong Kong (HKUSPH). We conducted this study directly in the community setting, using a rigorous randomized controlled study design.

OBJECTIVES

The goal was to develop and test two intervention methods to enhance parent-child relationships for parents of children, aged 10 – 13. The intervention design was based on the public health approach, which was simpler and shorter than many other community programmes. The primary outcomes were Parental Satisfaction with the Parent-Child Relationship and Self as Parent, and self-reported changes in the targeted behaviors. Secondary outcomes were enhanced Health, Happiness and Harmony (3Hs), and parents' perception of improvements in the parenting skills taught.

STUDY DESIGN

The pilot study was a randomized controlled trial with three arms of 100 parents each. One arm (HKFWS developed) was an experiential workshop that emphasized both skills training and empowerment of the participants. The workshop aimed to strengthen participants' confidence that they could handle challenging parent-child interactions. The second arm (HKUSPH and HKFWS jointly developed) focused on positive parenting, and aimed to strengthen five key authoritative parenting skills associated with positive outcomes in child behaviors. The third arm was attention control. Participants were recruited from Tuen Mun and Tseung Kwan O districts. Participants were assessed via self-report for four times: prior to the intervention; immediately post-intervention; three months post-intervention; and six months post-intervention.

RESULTS

Both studies showed improvement in key primary outcomes, as both studies were effective in increasing Satisfaction with the Parent-Child Relationship and Self as Parent, through three months post-intervention and both studies increased the frequency of many of targeted behaviors. Arm A was also effective in increasing levels of self-esteem. These effect sizes were small to moderate. Perhaps due to the programmatic emphasis on impacting the primary objectives, most secondary outcomes did not show significant differences vs. the control arm.

CHAPTER 1

INTRODUCTORY SUMMARY

1.1 INTRODUCTION

Harmony is a highly valued quality in Chinese families. From the experience of Hong Kong Family Welfare Society (HKFWS), parent-child relationship problems rank among the top problems in the family casework and school social work service. This preventive intervention focused on parent-child conflict and the parent-child relationship, working with the parents.

Parent-adolescent conflict increases generally during early adolescence (Holmbeck & Hill, 1988; Steinberg, 1981) and continues to escalate into adolescence (Montemayor & Hanson, 1985). Some degree of disagreement between parents and children appears to be normal because it prepares adolescents to become adults (Youniss & Smollar, 1985; Smetana, 2002). However, excessive parent-adolescent conflict might harm family relationships, and create a negative chain effect within the whole family. The late primary and early secondary school years are a particularly important point in which disagreements develop and where appropriate management of conflict may best be taught.

The negative effects of poorly managed parent-adolescent conflict might be particularly important within the Chinese context. Some theorists (e.g. Oyserman, Coon, & Kemmelmeier, 2002) suggest that in contrast to Western patterns of relationships, Asian culture emphasizes family harmony, affiliation, hierarchical family structure, clearly defined roles and responsibilities, deference to parental authority, and children's obligations to the family (Chao, 1995; Sue, 1981). In this setting, conflict between parents and children might pose a threat to the psychological well-being of both parents and adolescents, and to family relationships. Adequate skill training for parents not only benefits the parents, but also teaches their children how to deal appropriately with disagreements outside the family (Doorn, Branje, & Meeus, 2008). Furthermore, a preventive intervention can enhance overall family harmony thus bringing parents and their children closer and increasing their mutual understanding.

Some of the interventions or programmes run by social service organizations are complex and of long duration. While such may be needed to cover several areas and/or produce large effect size, many busy parents, especially those of lower socio-economic position, cannot find the time to join. Such programmes also need to be run by intensively trained professionals and are inevitably expensive. Our Harmony@Home Project adopted a public health approach, which advocates for cost effective interventions which are simpler, shorter and deliverable by less intensively trained non-specialists so as to benefit more people in need.

This study built on the development and trial of the two intervention groups. Development included trial groups, extensive qualitative input, and a pilot study with six months of follow-up.

1.2 CHANGES FROM PILOT STUDY

Based on results of the pilot study, this main study improved the study design, recruitment, intervention content and assessments. As described in the next chapter, this next phase of the study was much larger and more geographically diverse to enable the findings to be more generalizable. In addition, as the participants' post-intervention gains in behavior-specific frequency were not consistent, the programme content and associated assessment questions were more focused on the desired behavioral change. The desired skills were more precisely worded in the scripted sessions, and in the at-home practice workbooks, to clarify how the skills should be changed. For example, instead of "nagging", parents were encouraged to reduce the frequency of "repeating themselves over and over". Finally, during each session the facilitator was guided to expend more time on attributional questions about a particular parental behavior's long-term impact on the parent-child relationship and subsequently on family harmony, to more overtly link the parental skills to primary and secondary outcomes for the participants. Importantly the programme elements that aimed to maximize reach and sustainability, such as the universal target, the programme's brevity, and the use of community facilitators was retained to maximize its potential public health impact.

1.3 OBJECTIVES OF THE STUDY

This study aimed to examine the effectiveness of two intervention methods to enhance parent-child relationships between parents and their children aged 10 – 13, and to examine the programme's impact on FAMILY Health, Happiness and Harmony (3Hs).

The first intervention method (Arm A) was an experiential workshop, aiming to enhance parents' self-worth, communication skills and conflict resolution skills by sharing experiences, co-operation exercises and role plays. The second method (Arm B) was a workshop that aimed to increase positive parenting and decrease negative control. Arm A was a four 2.5-hour workshop, while Arm B had four 2-hour sessions.

This study tested the following research hypotheses:

Primary Hypotheses:

- Participants in each of the two intervention groups would increase their parental satisfaction with their parent-child relationship and with themselves as parents, compared to those in the control group;
- Parents in each of the two intervention groups would report increased use of the targeted behaviors, compared to those in the control group;
- Participants in Arm A would decrease the frequency of and intensity of parent-child conflict, compared to those in the control group.

Secondary Hypotheses:

- Participants in the intervention groups would enhance their family Harmony and Happiness as compared to those in the control group;
- Participants receiving one or two boosters after the intervention would maintain these gains at three and six months after the intervention as compared to those not receiving any booster.

CHAPTER 2

MAIN STUDY METHODS

2.1 STUDY DESIGN

The study was a randomized controlled intervention with three arms: two intervention groups and one attention control group. The participants were randomly assigned to one of the three arms using serially numbered, opaque-sealed envelopes (SNOSE) that were blind to the person assigning randomization groups (i.e. allocation concealment).

Intervention groups were conducted in two phases. Phase I was conducted in Tseung Kwan O. Five Arm A, five Arm B, and three Control groups were conducted from the period of Oct to Dec 2010, with six months follow-up extending to Jun 2011. Phase II was conducted in Tuen Mun. Six Arm A, Six Arm B, and four Control groups were conducted during Feb to May 2011, with six months follow-up extending to Dec 2011.

2.2 TARGET POPULATION

Inclusion criteria

i. Parents with a child aged 10 – 13 years, in Tseung Kwan O, or Tuen Mun district; and
ii. Parents with at least primary school educational level and able to read and write in Chinese; and
iii. Parents who were available to attend the programme and willing to be followed up during the study period.

Exclusion criteria

i. Parents who were non-Chinese speakers; or
ii. Parents who had active psychiatric problems, suicidal thoughts, personality disorders, emotional problems, or mental retardation; or
iii. Parents with a child who had moderate to severe developmental problems, e.g. attention-deficit/ hyperactivity disorder (ADHD), specific learning difficulties; or
iv. Parents, who by their behaviors or responses in the sessions, are deemed disruptive or unable to benefit from the programme.

2.3 RECRUITMENT

Recruitment was the most challenging part of the project and several strategies were used. The goal was to retain 300 participants by the end of the study, so as to have enough power for analysis, so the study over-recruited.

2.3.1 Via schools

Primary and secondary schools in the recruitment area were contacted with an invitation letter and then with a follow-up call to the school social workers, or responsible teaching staff. The schools recruited parents by distributing invitation letters to parents of P5-6 or S1 children, posting the project's pamphlet on the school website, or identifying potential participants in day to day interactions.

2.3.2 Via other means

Several means of publicity and recruitment were used, such as publicity booths, personal networks, past service recipients, colleague referrals, minibus posters, media interviews including radio and newspapers, and referrals from other social service units.

2.4 SCREENING AND RANDOMIZATION

After recruitment, HKFWS social workers and research assistants administered the screener to identify eligible participants for the project. The team leader and Principal Investigator (PI) judged the eligibility of special cases.

The parents had to be eligible AND available AND consent to join the study before being randomized into the study.

2.5 INTERVENTION

Participants were randomized into one of three arms, after they were determined to be eligible and consented to join the study.

Arm A: "Alternatives to Violence" Experimental Comparison Arm

Arm A, developed by HKFWS, was an experiential workshop, aiming to enhance parents' self-worth, communication skills and conflict resolution skills by sharing experiences, co-operation exercises and role plays. This arm had four 2.5-hour sessions.

Arm B: "Positive Discipline" Experimental Comparison Arm

Arm B, developed by HKUSPH and HKFWS, was a workshop that aimed to increase positive parenting and decrease negative control. This arm had four 2-hour sessions.

Arm C: "Attention" Control Arm

Arm C was an attention control group on nutrition from the perspective of traditional Chinese medicine and family health, with two 1.5-hour sessions delivered by a Chinese herbalist and a physiotherapist, respectively.

Boosters were conducted at two time points during the study. After the first pre-intervention assessment (T1), the intervention participants were randomized by group to receive one, two, three or no boosters before the three months post-intervention assessment (T3). These boosters were designed to test whether adding strong (two to three boosters) or weak (one or no booster) booster would make any difference in the long-term follow-up outcomes.

2.6 ASSESSMENTS

Participants were assessed before the intervention (T1), immediately after the intervention (T2), three months after the intervention (T3) and six months after the intervention (T4). In the assessments, participants were asked to complete a set of self-reported scales in order to obtain information about the effectiveness of the interventions. In addition, after the parenting programmes were completed (T2), some of the participants in each arm were invited to join an additional discussion group to share their feedback.

2.7 FIDELITY

Session-specific fidelity checks were developed. In addition to the facilitator's self-assessment of fidelity, members of the project team, including social workers and research assistants, were trained to do the fidelity check.

2.8 RETENTION

In order to reduce dropout in the project, several strategies were adopted, such as reminder calls, make-up calls, reunion gatherings, encouragement notes and incentives.

During the intervention, reminder calls for each session were made a few days before the session. Within a few days of a missed session, the facilitators made make-up calls during which the facilitators briefly shared the content and home practices of the missed session. Compensation for assessments was distributed as follows: HK$50 at T2, HK$50 at T3 and HK$200 at T4.

Study retention at six months was 74%, slightly below the projected 80% level. This loss was attributed to the lag between participants' randomization into the groups, and the start of the intervention sessions, as this was the largest percentage drop in retention. After the participants began the programme, there was only another 10% decline in retention. The number of participants in recruitment and retention are listed in the CONSORT flowchart (Figure 1).

CHAPTER 3

STUDY RESULTS

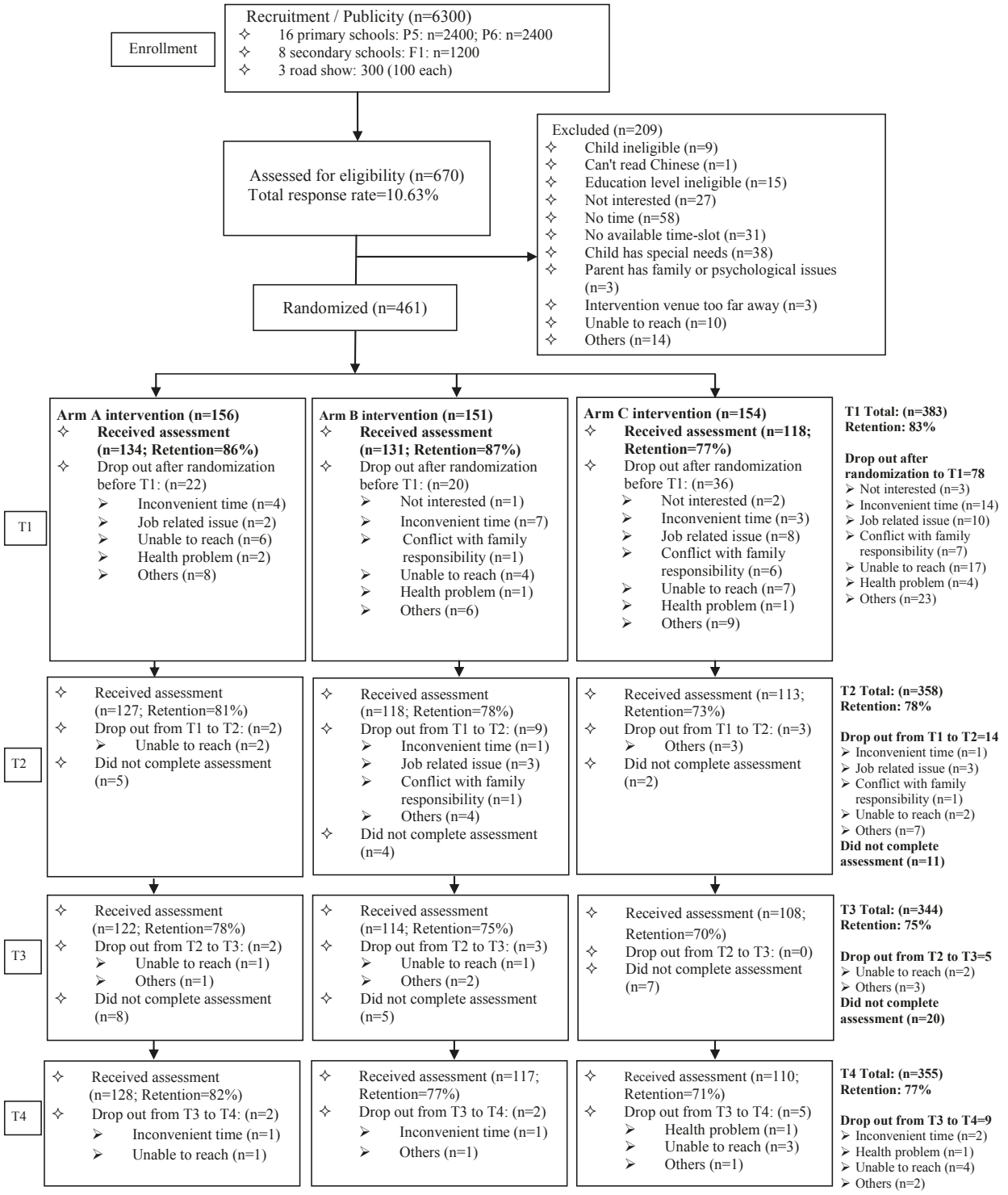
3.1 PROCESS MEASURES

3.1.1 Recruitment and retention

In anticipation of participant dropout, the study over-recruited for a target of 300 participants at six months post-intervention. A total of 461 parents were recruited for the study (153% of the target). The CONSORT flowchart in Figure 1 shows the flow of the participants through the study from recruitment to completion of the study.

Of the 461 parents randomized into the study, 78 (17%) dropped out before completing the first assessment or attending the programme, primarily due to scheduling conflicts. 371 parents attended at least one session of the programme (intervention or control).

Figure 1. CONSORT Flowchart



3.1.2 Attendance

Attendance was strong, with over 70% of all participants attending the four sessions.

	Arm A (n=134)	Arm B (n=131)	Arm C (n=118)
Attended at least 1 session	98.5%	97.0%	94.9%
Attended at least 2 sessions	95.5%	86.3%	75.4%
Attended at least 3 sessions	89.5%	84.4%	N/A
Attended all 4 sessions	73.1%	71.0%	N/A

3.1.3 Addressing disparities

The programme reached vulnerable populations as participants had higher-than-average-Hong Kong population levels of:

- **Divorce** – 13.1% of participants were single or divorced
- **Working status** – 52.2% were not working
- **Immigration status** – 58.7% were born outside of Hong Kong (most typically born in mainland China)
- **Lower household income** – 73.9% participants reported < HK$20,000/month in household income
  Note: Total n=383

3.1.4 Reactions to the programme

When asked about how they felt about the programme, in an immediately post-intervention assessment (T2), participants were very positive for both arms:

Arm A (n=127)

Customer satisfaction ratings	Mean	Rated 5 or above out of 6 points
Liked the programme (1 = Don't like at all, 6 = Like very much)	5.14	85.8%
Programme was useful (1 = Not at all useful, 6 = Very useful)	5.01	81.1%
Recommend to friends and relatives (1 = Absolutely not, 6 = Absolutely will)	5.45	92.9%

Arm B (n=118)

Customer satisfaction ratings	Mean	Rated 5 or above out of 6 points
Liked the programme (1 = Don't like at all, 6 = Like very much)	5.33	80.9%
Programme was useful (1 = Not at all useful, 6 = Very useful)	5.22	70.8%
Recommend to friends and relatives (1 = Absolutely not, 6 = Absolutely will)	5.61	90.8%

3.2 SOCIO-DEMOGRAPHIC AND BASELINE CHARACTERISTICS

Table 1 shows the baseline demographic characteristics of the three arms. In general, the mean age of participants was 42 years old and the majority of participants was married (86%) and had two or fewer children (84%). 59% of participants were born outside of Hong Kong; 52% of participants were not working, and 30% of participants reported household income below HK$10,000 per month.

There was no statistically significant difference among the three groups, as shown by the relatively high p-values, indicating that there was no evidence of selection bias and that randomization was successful, with regard to these variables.

Table 1. Baseline socio-demographic characteristics

Variables	Arm A (n=134)	Arm B (n=131)	Arm C (n=118)	p-value
	M (SD)	M (SD)	M (SD)	
Age[1]	40.96 (4.92)	41.65 (5.91)	42.18 (6.63)	0.25
Place of Birth				0.64
HK	52.6%	46.8%	29.9%	
Outside HK	47.4%	53.2%	70.1%	
Marital Status				0.18
Married	85.1%	88.5%	83.9%	
Single[2]	14.9%	11.5%	16.1%	
Education				0.22
Below Primary	1.5%	0.0%	3.4%	
Primary	7.5%	9.1%	13.6%	
Secondary	82.8%	80.2%	75.4%	
Tertiary	8.2%	10.7%	7.6%	
Occupation (n=187)	(n=60)	(n=68)	(n=59)	0.03*
Service worker/Clerk	66.7%	73.5%	54.2%	
Professional	13.3%	1.5%	13.6%	
Others	20.0%	25.0%	32.2%	
Working Status				0.08
Nonworking	56.0%	47.3%	53.4%	
Working (full-time)	29.9%	24.4%	28.0%	
Working (part-time)	14.2%	28.2%	18.6%	
Household Income				0.41
< 2,000	1.5%	3.1%	0.0%	
2,000-5,999	9.7%	9.9%	10.2%	
6,000-9,999	18.7%	17.6%	27.1%	
10,000-19,999	40.3%	45.8%	38.1%	
20,000-29,999	14.9%	9.9%	14.4%	
30,000-39,999	5.2%	6.9%	2.5%	
≥ 40,000	9.7%	6.9%	7.6%	
Number of Children	1.84 (0.80)	1.89 (0.79)	1.86 (0.75)	0.83

Note: p-value based on one-way ANOVA or chi-square

* Statistically significant at p<.05

[1]One participant in Arm C declined to give her age

[2]Single parent included participants who were never married, divorced or widowed

Table 2 shows the baseline characteristics of the outcome measures of the three arms of the study. There were statistically significant differences in the two outcome measures of Parental Satisfaction with Parent-child relationship, and Satisfaction with Self as Parent. Such baseline differences were accounted for in the analysis.

Table 2. Baseline outcome measures

	Arm A (n=134)	Arm B (n=131)	Arm C (n=118)	p-value
	M (SD)	M (SD)	M (SD)	
Satisfied relationship with my child	3.87 (0.98)	3.85 (0.80)	4.17 (0.86)	0.01*
Satisfied with yourself as a parent	3.73 (0.76)	3.69 (0.69)	3.92 (0.69)	0.02*
Frequency of Conflict	2.22 (1.68)	2.23 (1.49)	1.82 (1.36)	0.06
Intensity of Conflict	1.63 (1.19)	1.67 (1.15)	1.53 (1.19)	0.64
Happiness				
4 items sum	4.78 (1.1)	4.61 (1.24)	4.87 (1.18)	0.19
1 item	2.85 (0.53)	2.76 (0.57)	2.88 (0.57)	0.22
Health in general	3.11 (0.90)	2.91 (0.89)	2.87 (0.95)	0.08
Harmony (8 items sum)	3.70 (0.68)	3.68 (0.60)	3.73 (0.71)	0.79
Self-esteem	3.56 (0.53)	N/A	3.63 (0.59)	0.28

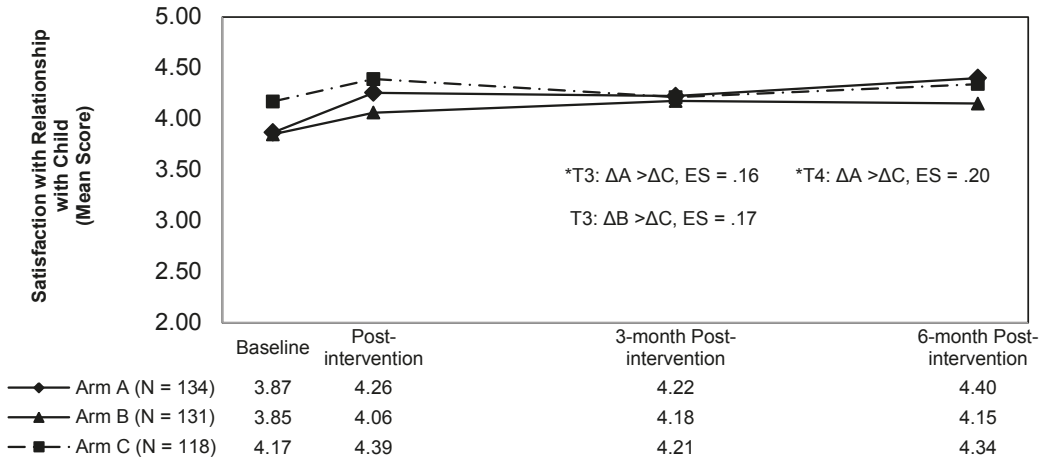
* Statistically significant at p<.05

3.3 PRIMARY OUTCOMES

3.3.1 Parental Satisfaction with Relationship with Child

Figure 2 shows that both Arms A and B were effective in increasing levels of Parental Satisfaction with Relationship with their Child at three months post-intervention (T3) vs. the Control group. Arm A was able to sustain these results for six months post-intervention.

Figure 2. Parental Satisfaction with Relationship with Child

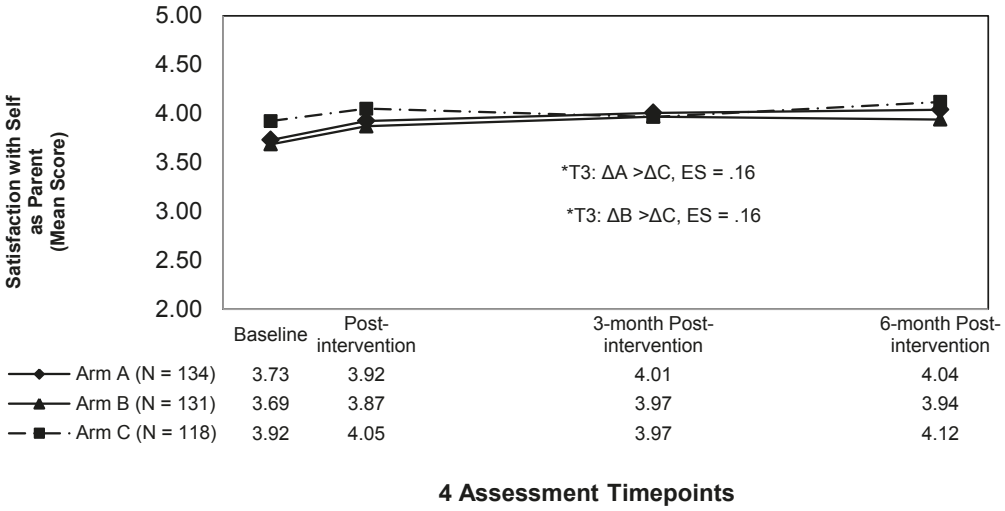


* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline

3.3.2 Parental Satisfaction with Self as Parent

Figure 3 shows that both Arms A and B were effective in increasing levels of Parental Satisfaction with Self as Parent at three months post-intervention (T3) vs. the Control group. This effect was not sustained at six months post-intervention.

Figure 3. Parental Satisfaction with Self as Parent

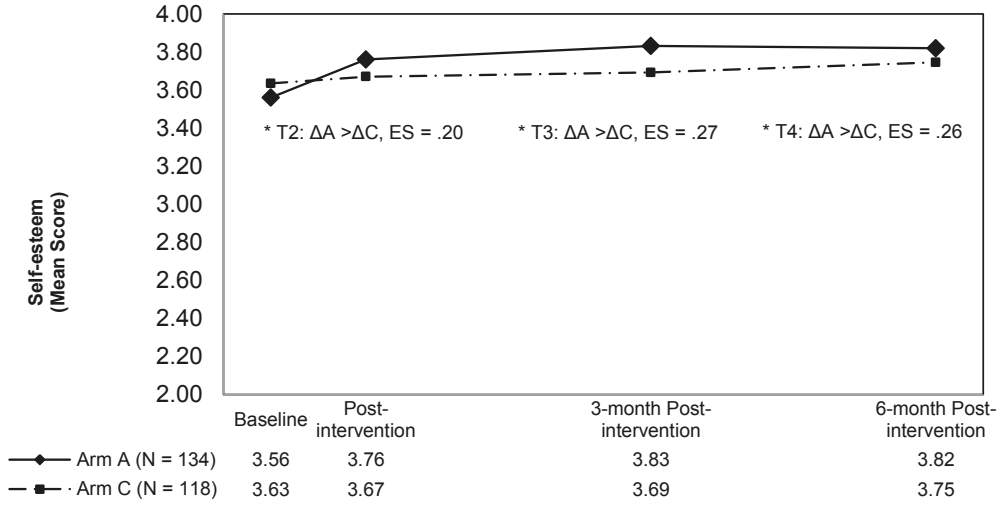


* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline

3.3.3 Self-esteem (Arm A only)

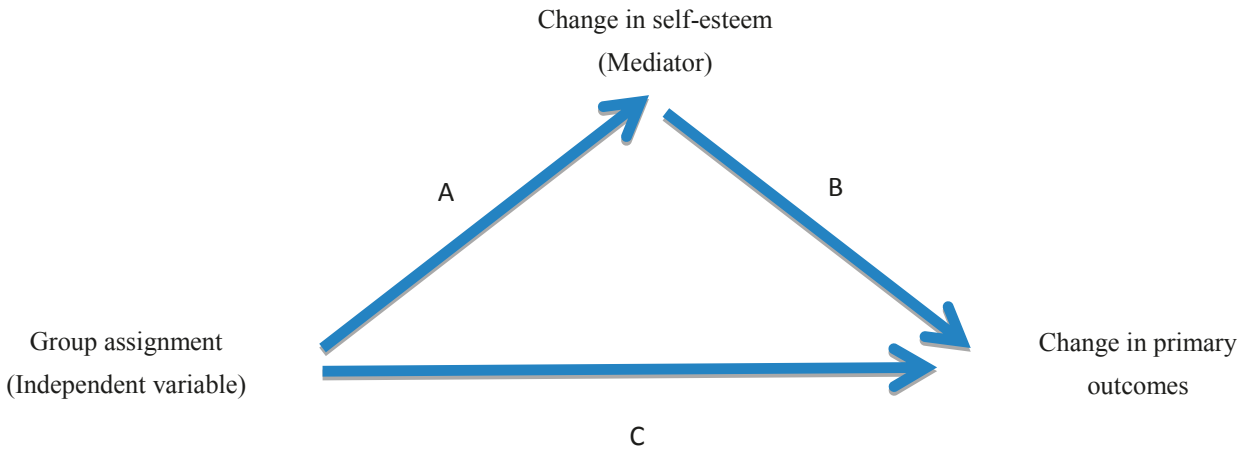
Figure 4 shows that Arm A was effective in increasing levels of Self-esteem at all time periods: immediately post-intervention (T2), three months post-intervention (T3), and six months post-intervention (T4), vs. the Control group.

Figure 4. Self-esteem



* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline

3.3.3.1 Mediation Model



A = Effect of independent variable on mediator;
B = Effect of mediator on dependent variable controlling for independent variable;
C = Direct effect of independent variable on dependent variable

Analysis demonstrated a significant mediation effect of self-esteem on other primary outcomes:

- Changes in self-esteem were found to significantly mediate changes in Satisfaction with Relationship with Child and in Satisfaction with Self as Parent at all time points (T2 vs. T1, T3 vs. T1, T4 vs. T1).
- Changes in self-esteem were found to significantly mediate changes in Frequency of Conflict at T2 vs. T1.

3.3.4 Effectiveness of targeted behaviors

Participants were asked to report the frequency for each key parental behavior item they practiced. These single-item measurements were supplemented with respondents' subjective assessment of change to maximize capture of the small movement that would be expected following a brief programme.

Self-reported behavior frequency

At three months post-intervention, participants in Arm A reported stronger results for frequency of "suggesting solutions", and participants in Arm B reported stronger results for "giving suitable consequences" than control participants (Tables 3 and 4). Effect sizes were small to moderate.

Perceived change in behavior frequency

At three months post-intervention, participants in both Arms A and B reported greater perceived changes in almost all of the targeted behaviors vs. controls (Tables 5 and 6). Effect sizes were small to moderate.

Table 3. Change in frequency on targeted behaviors for Arm A

In the past two weeks, how frequently did you do these to your child, aged 10-13? (1 = Not at all, 3 = Sometimes, 5 = Almost always)	Changes from baseline: Mean for Arm A (n=134)	Changes from baseline: Mean for Arm C (n=118)	Did the Intervention Arm improve more than the Control Arm?	p-value	Effect Size
I listened to my child without interruption or giving judgment when my child talks.					
Pre- to Post-test (T2)	0.22	0.03	Yes	.234	0.08
Pre-test to 3-month Follow-up (T3)	0.27	0.09	Yes	.286	0.07
Pre-test to 6-month Follow-up (T4)	0.30	0.20	Yes	.562	0.04
I summarized what my child says, so they know I heard them.					
Pre- to Post-test (T2)	0.22	0.04	Yes	.179	0.09
Pre-test to 3-month Follow-up (T3)	0.16	0.05	Yes	.446	0.05
Pre-test to 6-month Follow-up (T4)	0.28	0.08	Yes	.176	0.09
I described what my child feels, so they know I understand their feelings.					
Pre- to Post-test (T2)	0.31	-0.06	Yes	.002*	0.20
Pre-test to 3-month Follow-up (T3)	0.17	0.05	Yes	.387	0.06
Pre-test to 6-month Follow-up (T4)	0.29	0.11	Yes	.179	0.09
I said in words what my child needs.					
Pre- to Post-test (T2)	0.27	0.23	Yes	.720	0.02
Pre-test to 3-month Follow-up (T3)	0.24	0.17	Yes	.568	0.04
Pre-test to 6-month Follow-up (T4)	0.37	0.29	Yes	.532	0.04
I expressed my negative feelings to my child openly and peacefully.					
Pre- to Post-test (T2)	0.17	0.08	Yes	.466	0.05
Pre-test to 3-month Follow-up (T3)	0.12	0.03	Yes	.537	0.04
Pre-test to 6-month Follow-up (T4)	0.24	0.19	Yes	.710	0.02
I suggested a solution to a conflict that both my child and I can agree upon.					
Pre- to Post-test (T2)	0.47	0.20	Yes	.043*	0.13
Pre-test to 3-month Follow-up (T3)	0.50	0.12	Yes	.005*	0.18
Pre-test to 6-month Follow-up (T4)	0.61	0.27	Yes	.012*	0.16

* Statistically significant at $p<.05$

Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40

Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

Table 4. Change in frequency on targeted behaviors for Arm B

In the past two weeks, how frequently did you do these to your child, aged 10-13? (1 = Not at all, 3 = Sometimes, 5 = Almost always)	Changes from baseline: Mean for Arm B (n=131)	Changes from baseline: Mean for Arm C (n=118)	Did the Intervention Arm improve more than the Control Arm?	p-value	Effect Size
I told my child what to do over and over.					
Pre- to Post-test (T2)	-0.19	-0.24	No	.657	0.03
Pre-test to 3-month Follow-up (T3)	-0.24	-0.19	Yes	.697	0.03
Pre-test to 6-month Follow-up (T4)	-0.37	-0.21	Yes	.161	0.09
I did something nice for my child to enhance our relationship.					
Pre- to Post-test (T2)	0.19	0.07	Yes	.646	0.03
Pre-test to 3-month Follow-up (T3)	0.13	0.08	Yes	.481	0.05
Pre-test to 6-month Follow-up (T4)	0.04	0.12	No	.267	0.07
When my child misbehaved, I gave suitable consequences.					
Pre- to Post-test (T2)	-0.04	-0.29	Yes	.040*	0.13
Pre-test to 3-month Follow-up (T3)	-0.16	-0.14	No	.894	0.01
Pre-test to 6-month Follow-up (T4)	-0.08	-0.09	Yes	.938	0.01
When my child made me angry, I found a way to calm down to deal with the situation.					
Pre- to Post-test (T2)	0.05	-0.16	Yes	.113	0.10
Pre-test to 3-month Follow-up (T3)	0.01	-0.14	Yes	.226	0.08
Pre-test to 6-month Follow-up (T4)	0.05	-0.14	Yes	.109	0.10
When my child didn't want to do something, I discussed my child's ideas with him/her and came to a mutually agreed upon solution.					
Pre- to Post-test (T2)	-0.02	-0.01	No	.956	0.00
Pre-test to 3-month Follow-up (T3)	-0.02	0.07	No	.470	0.05
Pre-test to 6-month Follow-up (T4)	-0.06	0.10	No	.216	0.08

* Statistically significant at p<.05

Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40

Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

Table 5. Perceived changes on targeted behaviors for Arm A

Compared to the time before I joined the programme, please circle the answer that best represents your behavioral changes. (1 = Decrease a lot, 4 = Neutral, 7 = Increase a lot)	Mean for Arm A (S.D.) (n=127)	Mean for Arm C (S.D.) (n=113)	Did the Intervention Arm improve more than the Control Arm?	p-value	Effect Size
	T4	T4			
I listened to my child without interruption or giving judgment when my child talks.	4.75 (1.79)	4.43 (1.52)	Yes	.147	0.09
I summarized what my child says, so they know I heard them.	5.47 (1.13)	5.11 (1.06)	Yes	.010*	0.17
I described what my child feels, so they know I understand their feelings.	5.54 (0.92)	5.12 (1.08)	Yes	.002*	0.21
I said in words what my child needs.	5.58 (0.92)	5.17 (0.96)	Yes	.001*	0.22
I expressed my negative feelings to my child openly and peacefully.	5.57 (1.03)	5.09 (1.10)	Yes	<.001*	0.23
I suggested a solution to a conflict that both my child and I can agree upon.	5.67 (0.98)	5.13 (1.07)	Yes	<.001*	0.26
I have a stronger sense of self-worth.	5.35 (0.98)	4.86 (0.98)	Yes	<.001*	0.25
I take a more positive attitude toward myself.	5.43 (0.96)	4.94 (0.98)	Yes	<.001*	0.25
I have more respect for myself.	5.62 (1.03)	5.13 (1.06)	Yes	<.001*	0.24
I care more about other people.	5.76 (0.96)	5.30 (1.06)	Yes	.001*	0.23
I am more able to balance between respecting myself and caring for others.	5.62 (0.97)	5.15 (1.04)	Yes	<.001*	0.24
I am more able to expect the best.	5.80 (0.96)	5.19 (1.04)	Yes	<.001*	0.31
I am more satisfied with myself.	5.48 (0.98)	5.18 (1.09)	Yes	.024*	0.15

* Statistically significant at p<.05

Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40

Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

Table 6. Perceived changes on targeted behaviors for Arm B

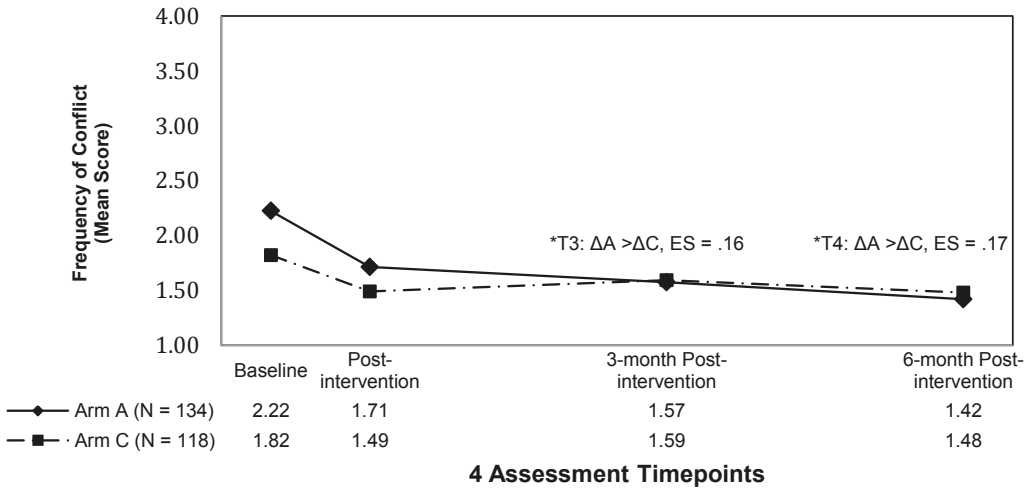
Compared to the time before I joined the programme, please circle the answer that best represents your behavioral changes. (1 = Decrease a lot, 4 = Neutral, 7 = Increase a lot)	Mean for Arm B (S.D.) (n=118) T4	Mean for Arm C (S.D.) (n=113) T4	Did the Intervention Arm improve more than the Control Arm?	p-value	Effect Size
I told my child what to do over and over.	3.56 (1.70)	4.52 (1.08)	Yes	.012*	0.31
I did something nice for my child to enhance our relationship.	5.53 (0.87)	5.21 (0.99)	Yes	.010*	0.17
When my child misbehaved, I gave suitable consequences.	5.26 (0.96)	4.82 (1.20)	Yes	.002*	0.20
When my child made me angry, I found a way to calm down to deal with the situation.	5.52 (1.11)	5.16 (1.03)	Yes	.012*	0.17
When my child didn't want to do something, I discussed my child's ideas with him/her and come to a mutually agreed upon solution.	5.52 (0.98)	5.12 (1.03)	Yes	.003*	0.20

* Statistically significant at p<.05
Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

3.3.5 Frequency and Intensity of Conflict (Arm A only)

Figure 5 shows that Arm A showed significant declines in Frequency of Conflict at three (T3) and six months post-intervention (T4), but not Intensity of Conflict.

Figure 5. Frequency of Conflict



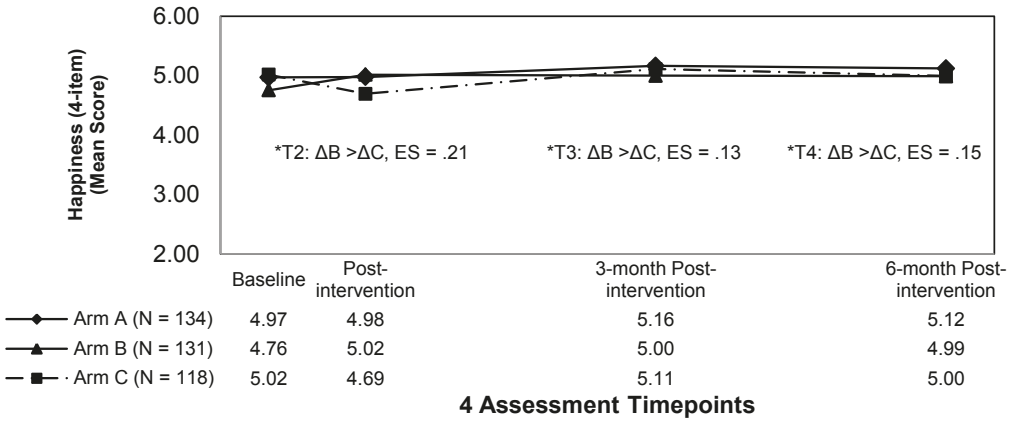
* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of directions

3.4 SECONDARY OUTCOMES

3.4.1 Happiness

Figure 6 shows that Arm B was effective in increasing levels of Happiness (4-item scale) vs. the Control group, immediately post-intervention (T2), three months post-intervention (T3) and six months post-intervention (T4), although Arm A was not effective at the same time points vs. the Control group.

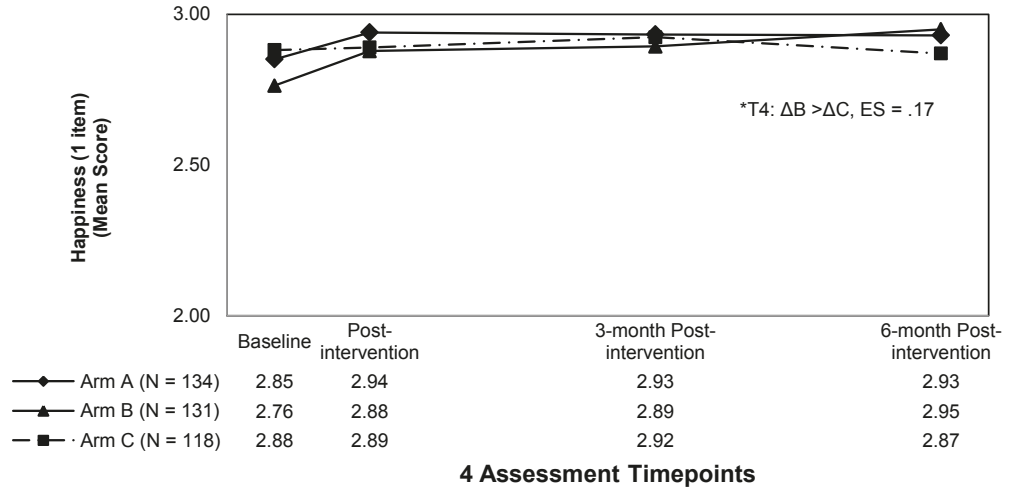
Figure 6. Happiness (4-item)



* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of directions

Figure 7 shows that Arm B was effective in increasing levels of Happiness on the 1-item scale vs. the Control group only at six months post-intervention (T4).

Figure 7. Happiness (1 item)

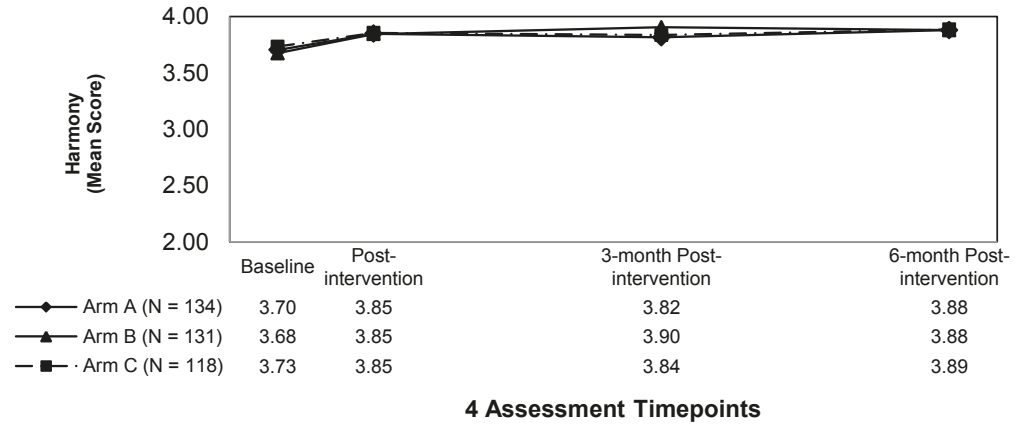


* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of directions

3.4.2 Harmony

Figure 8 shows that neither Arm A nor Arm B was effective in increasing levels of Harmony vs. the Control group at the assessed time points.

Figure 8. Harmony

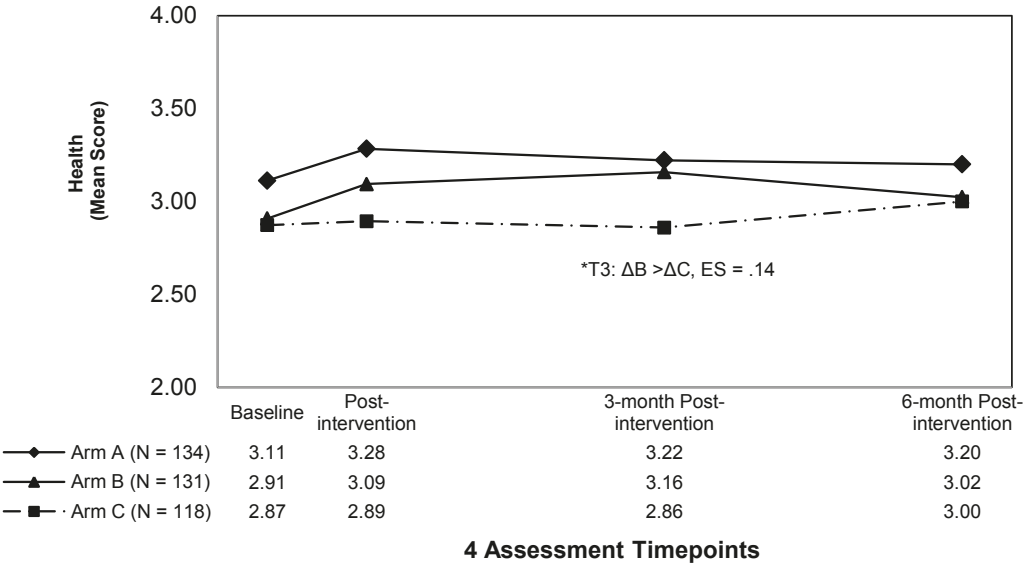


* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of directions

3.4.3 Health

Figure 9 shows that Arm B was effective in increasing levels of Health three months post-intervention (T3) vs. the Control group, with a small effect size.

Figure 9. Health



* Statistically significant at p<.05
Note 1. ES = Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention
Note 3. Δ are defined as absolute magnitudes of changes in mean scores from baseline regardless of directions

3.5 HEALTH ACTION PROCESS APPROACH (HAPA) MEASURES (ARM B ONLY)

3.5.1 Intention

Table 7 shows that Arm B was effective in increasing levels of intention for four of the five targeted behaviors, immediately post-intervention (T2).

Table 7. Intention strategy on targeted behaviors for Arm B

What are your intentions about changing your parental behaviors with your child, aged 10-13 with the following statements? (1 = Not at all true, 4 = Somewhat true, 6 = Exactly true)	Changes from baseline: Mean for Arm B (n=131)	Changes from baseline: Mean for Arm C (n=118)	Did the Intervention Arm improve more than the Control Arm?	p-value	Effect Size
I intend to stop telling my child over and over what to do. Pre- to Post-test (T2)	0.30	-0.13	No	.055	0.12
I intend to do something nice for my child to enhance our relationship. Pre- to Post-test (T2)	0.21	-0.31	Yes	<.001*	0.25
When my child misbehaves, I intend to give suitable consequences. Pre- to Post-test (T2)	0.32	-0.32	Yes	<.001*	0.31
When my child makes me angry, I intend to find a way to calm down before I deal with the situation. Pre- to Post-test (T2)	0.29	-0.20	Yes	<.001*	0.24
When my child doesn't want to do something, I intend to discuss my child's ideas with him/her and come to a mutually agreed upon solution. Pre- to Post-test (T2)	0.15	-0.26	Yes	.001*	0.21

* Statistically significant at p<.05

Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40

Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

3.5.2 Self-efficacy

Table 8 shows that Arm B was effective in increasing levels of self-efficacy for four of the five targeted behaviors immediately post-intervention, and gains in self-efficacy were sustained for some items up to six months post-intervention (T4).

Table 8. Self-efficacy on targeted behaviors for Arm B

In the next two weeks, I am confident that (1 = Not at all true, 4 = Somewhat true, 6 = Exactly true)	Changes from baseline: Mean for Arm B (n=131)	Changes from baseline: Mean for Arm C (n=118)	Did the Intervention Arm improve more than the Control Arm?	p-value	Effect Size
I can tell my child what to do over and over.					
Pre- to Post-test (T2)	0.50	-0.12	No	.001*	0.21
Pre-test to 3-month Follow-up (T3)	-0.03	-0.06	Yes	.005*	0.18
Pre-test to 6-month Follow-up (T4)	0.10	0.04	No	.004*	0.19
I can do something nice for my child to enhance our relationship.					
Pre- to Post-test (T2)	0.44	-0.16	Yes	<.001*	0.32
Pre-test to 3-month Follow-up (T3)	-0.27	-0.08	No	.037*	0.13
Pre-test to 6-month Follow-up (T4)	0.03	-0.01	Yes	.087	0.11
When my child misbehaves, I can give suitable consequences.					
Pre- to Post-test (T2)	0.54	-0.15	Yes	<.001*	0.32
Pre-test to 3-month Follow-up (T3)	-0.32	-0.05	No	.038*	0.13
Pre-test to 6-month Follow-up (T4)	0.04	0.05	No	.131	0.10
When my child makes me angry, I can find a way to calm down to deal with the situation.					
Pre- to Post-test (T2)	0.47	-0.06	Yes	<.001*	0.28
Pre-test to 3-month Follow-up (T3)	-0.23	-0.11	No	.007*	0.17
Pre-test to 6-month Follow-up (T4)	0.02	-0.01	Yes	.040*	0.13
When my child doesn't want to do something, I can discuss my child's ideas with him/her and come to a mutually agreed upon solution.					
Pre- to Post-test (T2)	0.34	-0.02	Yes	.002*	0.20
Pre-test to 3-month Follow-up (T3)	-0.28	-0.03	No	.428	0.05
Pre-test to 6-month Follow-up (T4)	0.05	0.06	No	.687	0.03

* Statistically significant at p<.05

Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40

Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

3.5.3 Planning

Table 9 shows that Arm B was effective in increasing levels of planning for one of the five targeted behaviors up to six months post-intervention (T4).

Table 9. Planning on targeted behaviors for Arm B

In the next two weeks, I have a clear plan about how to (1 = Not at all true, 4 = Somewhat true, 6 = Exactly true)	Changes from post-test: Mean for Arm B (n=131)	Changes from post-test: Mean for Arm C (n=118)	Did the Intervention Arm improve more than the Control Arm?	p-value	Effect Size
Stop telling my child over and over what to do.					
Post-test (T2) to 3-month Follow-up (T3)	-0.22	0.06	Yes	.077	0.12
Post-test (T2) to 6-month Follow-up (T4)	-0.08	0.24	Yes	.060	0.13
Do something nice for my child to enhance our relationship.					
Post-test (T2) to 3-month Follow-up (T3)	-0.37	0.00	No	.001*	0.22
Post-test (T2) to 6-month Follow-up (T4)	-0.23	0.04	No	.011*	0.17
Give suitable consequences.					
Post-test (T2) to 3-month Follow-up (T3)	-0.31	0.12	No	<.001*	0.25
Post-test (T2) to 6-month Follow-up (T4)	-0.32	0.24	No	<.001*	0.32
Find a way to calm down when my child makes me angry before I deal with the situation.					
Post-test (T2) to 3-month Follow-up (T3)	-0.28	-0.05	No	.064	0.12
Post-test (T2) to 6-month Follow-up (T4)	-0.16	0.21	No	.001*	0.22
Discuss my child's ideas with him/her and come to a mutually agreed upon solution.					
Post-test (T2) to 3-month Follow-up (T3)	-0.25	0.04	No	.012*	0.17
Post-test (T2) to 6-month Follow-up (T4)	-0.18	0.24	No	<.001*	0.26

* Statistically significant at p<.05

Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40

Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

3.6 BOOSTER RESULTS

The randomized boosters were somewhat successful in strengthening the use and frequency of key parental skills, particularly for Arm A. Participants in Arm A, that participated in any booster, reported more frequent use of the communication skills: "describe what your child feels", "say in words", and "suggest a solution" at both three and six months post-intervention (Table 10). For Arm B at six months post-intervention, boosters were more effective at increasing levels of happiness among participants who participated in at least one booster, than among those participants who did not join any boosters after the intervention (Table 11).

Table 10. Key communication skills for Arm A

In the past two weeks, how frequently did you do these to your child, aged 10-13? (1 = Not at all, 3 = Sometimes, 5 = Almost always)	Changes from baseline: Mean for groups with booster (n=54)	Changes from baseline: Mean for groups without booster (n=78)	Did the groups with booster improve more than the groups without booster?	p-value	Effect Size
I listened to my child without interruption or giving judgment when my child talks.					
Pre-test to 3-month Follow-up (T3)	0.37	0.21	Yes	.549	0.05
Pre-test to 6-month Follow-up (T4)	0.52	0.15	Yes	.174	0.12
I summarized what my child says, so they know I heard them.					
Pre-test to 3-month Follow-up (T3)	0.30	0.06	Yes	.267	0.10
Pre-test to 6-month Follow-up (T4)	0.43	0.18	Yes	.252	0.10
I described what my child feels, so they know I understand their feelings.					
Pre-test to 3-month Follow-up (T3)	0.44	-0.01	Yes	.033*	0.19
Pre-test to 6-month Follow-up (T4)	0.59	0.09	Yes	.016*	0.21
I said in words what my child needs.					
Pre-test to 3-month Follow-up (T3)	0.52	0.05	Yes	.006*	0.25
Pre-test to 6-month Follow-up (T4)	0.63	0.19	Yes	.016*	0.21
I expressed my negative feelings to my child openly and peacefully.					
Pre-test to 3-month Follow-up (T3)	0.28	0.01	Yes	.210	0.11
Pre-test to 6-month Follow-up (T4)	0.33	0.18	Yes	.471	0.06
I suggest a solution to a conflict that both my child and I can agree upon.					
Pre-test to 3-month Follow-up (T3)	0.74	0.35	Yes	.051	0.17
Pre-test to 6-month Follow-up (T4)	0.76	0.53	Yes	.261	0.10

* Statistically significant at p<.05

Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40

Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

Table 11. Secondary outcomes for Arm B (4-item Happiness Scale)

(1 = Not a very happy person, 7 = A very happy person)	Changes from baseline: Mean for groups with booster (n=54)	Changes from baseline: Mean for groups without booster (n=73)	Did the groups with booster improve more than the groups without booster?	p-value	Effect Size
4-item Happiness Scale					
Pre-test to 3-month Follow-up (T3)	0.35	0.27	Yes	.635	0.04
Pre-test to 6-month Follow-up (T4)	0.60	0.26	Yes	.050*	0.18

* Statistically significant at p<.05
Note 1. Effect Size (Cohen's f), small = .10, medium = .25, and large = .40
Note 2. T2 = immediately post-intervention; T3 = three months post-intervention; T4 = six months post-intervention

3.7 QUALITATIVE FEEDBACK

During a discussion group held a few weeks after the intervention, participants gave feedback on different aspects of the programme:

Arm A (n=28):

The programme's effect on participants

"I learnt to praise myself…I appreciated and valued myself regardless of others' comments."
"我學會了讚美自己…無論其他人的評價如何，我會欣賞並肯定自己。"

"I listen to my child more. In the past, I used to point out his faults and lectured him when I spotted his 'misbehavior'. Now I try to listen to his explanation first."
"我多了聆聽小孩。以前當我看見他有'行為問題'時，我會指出並教訓他，現在我會先聆聽他的解釋。"

"I used to uphold the authority of being a mother. My attitude changed and I found that my child is willing to talk to me more."
"我以前較重視自己作為媽媽的權威。我的態度改變了，我發現我的小孩願意多跟我說話了。"

"I learnt conflict resolution skills including 'think before acting' and 'express my emotions'. In a conflict with my daughter, I controlled my emotion and did not scold her immediately."
"我學會了衝突處理技巧，例如'思而後行'和'表達自己的感受'。在一次與女兒的衝突中，我嘗試控制自己的情緒沒有立即責罵她。"

The programme's effect on their child

"In the past when my child told me something, I would stop him quickly and thought it was his fault. Now, I listen to him and wait until he stopped speaking, he is happier now as he has chance to finish talking."
"以前當我的小孩告訴我一些東西時，我會很快的停止他並認為是他的錯。現在我會聆聽直至他說完為止，他變得開心了，因為他有機會說完他想說的東西。"

"I controlled my temper more and scolded my child less. After I controlled my temper more, I found that the emotions of my child also became better."
"我多了控制脾氣和少了罵小孩。當我能控制情緒後，我發現我小孩的情緒也有好轉。"

Participants' reaction to the methods

"The examples and role plays illustrated in the groups were greatly related to our daily lives and realistic. It was like we were listening to ourselves and it made us reflect that we are often negative in our daily life."

"在小組中用的例子和角色扮演十分生活化和真實，我們好像在聆聽自己說話一樣，這令我們反省我們在平時日常生活多負面。"

"I did not feel the session too long as we learnt through playing."

"因為活動過程邊玩邊學，所以我不覺得時間長。"

"The games and the atmosphere were good."

"遊戲和氣氛都好。"

Arm B (n=15):

The programme's effect on participants

"I learnt to let my child choose and respect her…Now, I respect her view more and this creates less conflict."

"我學到要給孩子選擇和尊重她…現在我比較尊重她的意見，衝突因此少了。"

"The programme was useful to me in several ways. One of the reminders to me was relationship building. I realized that I did not spend time alone with my elder daughter after the birth of the son. After the first session, I practiced at home with my daughter and spent time with her alone. She was very happy."

"這個活動對我有幾個用處。其中一個提醒便是建立關係。我意識到我的小兒子出生以後便再沒有單獨與大女兒相處。上完第一節小組後，我回家做實踐練習和單獨陪伴她，她十分開心。"

"I found that relationship building was important. My child used to do homework slowly. I got angry easily and always blamed him for the slowness. After attending the group, I reflected on myself and had more patience with him. He concentrated more and became happier. I realized that I have to take the first step to make the change."

"我發現建立關係是重要的。我的小孩一向做功課十分慢。我容易生氣和責怪他做得慢。參加小組以後，我反省自己並對他多點耐性。他變得更專心和開心了。我發現我需要作第一個去改變的人。"

The programme's effect on their child

"I used to lose my temper but regretted it afterward. Now, I will be more conscious of the time I start feeling angry and will try to stop the anger from escalating. The programme also taught skills about how to prevent children from having computer addiction, such as telling them the consequences; I found the situation improved a lot."

"我從前會發脾氣但之後便後悔。現在，我會注意我什麼時候開始覺得生氣，和嘗試阻止憤怒升級。除此以外，活動也教了如何防止小孩沉迷電腦，例如告訴他後果，我發現情況改善了很多。"

"I used to accompany my child much and he learnt to rely on me. Now I accompany him less and allow him more freedom. I negotiate with him more and this fosters his sense of confidence. My child also noticed that I scold him less and wondered why I had such change."

"我以前用很多時間陪伴孩子，他也習慣依賴我。現在我少點陪伴他和給予他多點自由。我多了與他商討和給他自信心。我的孩子留意到我少了罵他，他也奇怪我的轉變。"

Participants' reaction to the methods

"I was inspired by the mother in the bad role-play. Although my child is not as naughty as the child in the role play, it helped me reflect on my parenting style."

"我從'需要改善短劇'的媽媽身上得到啟發。雖然我的小孩並不像短劇中頑皮，但是短劇讓我反省我的管教方法。"

"This group was different from other groups as parents always shared their children's behavioral problems in other groups. This group reminded me of the positive side of my child."

"這個小組跟其他小組不一樣，因為其他小組的家長常常分享小孩的行為問題。這個小組提醒我小孩正面的一面。"

"In other groups, the relationship between group members and facilitators was like teachers and students. The various methods used in this group like role-plays made me feel close to each other and had a deeper impression of the group."

"在其他小組，參加者和小組指導員的關係像老師和學生。這個小組用不同的方法，例如演繹短劇，讓我感覺親近和對小組的印象較深刻。"

"The group helped me reflect on myself and think of solutions for myself."

"小組有助我反省自己和替自己找出解決辦法。"

CHAPTER 4

CONCLUSION

4.1 SUMMARY

Overall, the results of the main study indicate that both interventions were feasible, acceptable and effective. Process measures indicate that the study was successful in its execution. Recruitment and retention were strong and the project was completed on time and on budget.

Participant feedback was strongly positive, with participants from both groups reporting positive reactions to the programmes and observing differences in their parental behaviors and their relationship with their children. This feedback was both qualitative (post-programme discussion groups) and quantitative (post-programme satisfaction assessments).

The programmes were effective in terms of the primary outcomes, with participants from both intervention arms reporting increased satisfaction with their relationship with their child. In addition, Arm A, the HKFWS-developed intervention, reported increased self-esteem at all time points measured, i.e. immediately post-intervention, and at three and six months post-intervention. Changes in self-esteem were also found to significantly mediate changes in primary outcomes. Arm B, the HKUSPH-HKFWS developed intervention, also reported increased frequency of three of the key behaviors at three months and increased perceived frequency of all targeted behaviors that were sustained for six months. Finally, this intervention was effective in reducing frequency of reported conflict, and sustaining it for up to the six months reported.

In addition to the primary outcome of increased satisfaction with their relationship with their child, this intervention was also effective as measured by the HAPA intention, self-efficacy and planning constructs immediately post-intervention, and on most measures these effects were sustained for up to six months. However, the HKFWS intervention was not effective for the secondary outcomes of the 3Hs, whereas the HKUSPH-HKFWS intervention was effective in increasing levels of Happiness vs. the control group, but not Harmony, and this effectiveness was sustained for up to the six months post-intervention period reported.

Two of the weaknesses of this study are that 1) the focus on the primary outcomes may have weakened the impact on the secondary outcomes of Health, Happiness and Harmony (3Hs); and 2) while the boosters were effective in reinforcing some of the key parenting behaviors, the effect was not consistent within and among the two interventions.

4.2 OTHER BENEFITS

Collaboration within and among study personnel led to shared learning. Some examples included that each study team held regular meetings to assess progress, discuss problems and plan for the next period; and the heads of the HKFWS and Caritas-Hong Kong met frequently to share the progress and problems with the HKUSPH coordination team.

Importantly, we found that academic-NGO (non-governmental organization) partnerships can work. The NGOs provided a trusted sponsor with experiences in and access to the community for recruitment and clinical, culturally specific knowledge of the target population. HKUSPH, the academic partner, provided scientific rigor and guidance for the study and the development of practical elements for sustainability.

In addition, the studies provided enhanced capacity for the NGOs as they learned how to develop and evaluate them using a randomized controlled trial.

These studies also contributed to the science as the team has presented a series of papers for three symposiums and two posters to the Society for Prevention Research conference. In addition, Professor Sunita Stewart and the team have published papers in BMC Public Health: “Developing Community-based Preventive Interventions in Hong Kong: A Description of the First Phase of the Family Project” (published in Feb 2012). The team continues to work on additional papers in public health and psychology.

This learning will be disseminated to the community. The team has continued to develop the series of monographs for further dissemination to the social services sector and to the community and scientific evidence.

ACKNOWLEDGEMENTS

The project team would like to thank The Hong Kong Jockey Club Charities Trust for funding this project. We express our sincerest gratitude to Hong Kong Family Welfare Society for organizing this project. We also thank the schools and churches that helped promote and recruit participants. Last but not least, we would like to thank all the participating parents, without whom the project would not have been possible.

REFERENCES

Chao, R. K. (1995). Chinese and European-American cultural models of the self reflected in mothers' child-rearing beliefs. *Ethos*, 23, 328-354.

Doorn, M. E. Van, Branje, S. J. T., & Meeus, W. H. J. (2008). Conflict resolution in parent-adolescent relationships and adolescent delinquency. *Journal of Early Adolescence*, 28, 503-527.

Holmbeck, G. N., & Hill, J. P. (1988). Storm and stress beliefs about adolescence: Prevalence, self-reported antecedents, and effects of an undergraduate course. *Journal of Youth and Adolescence*, 17(4), 285-306.

Montemayor, R., & Hanson, E. (1985) A naturalistic view of conflict between adolescents and their parents and siblings. *Journal of Early Adolescence*, 5(1), 23-30.

Oyserman, D., Coon, H. M., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analysis. *Psychological Bulletin*, 128, 3-72.

Smetana, J. G. (2002). Culture, autonomy, and personal jurisdiction in adolescent-parent relationships. In R. V. Kail & H. W. (Eds). *Advances in child development and behavior*, Vol. 29. Academic Press. San Diego.

Steinberg, L. D. (1981). Transformations in family relations at puberty. *Developmental Psychology*, 17(6), 833-840.

Sue, D. W. (1981). Evaluating process variables in cross-cultural counseling and psychotherapy. In A. J. Marsell & P. B. Pedersen (Eds.), *Cross-cultural counseling and psychotherapy* (pp. 121-132). New York: Pergamon Press.

Youniss, J., & Smollar, J. (1985). *Adolescent relations with mothers, fathers, and friends*. University of Chicago Press. Chicago.

NOTE

NOTE

Author:	School of Public Health, The University of Hong Kong
Publisher:	The Hong Kong Jockey Club
Partnering organization:	Hong Kong Family Welfare Society
Copyright:	School of Public Health, The University of Hong Kong Address: 5/F, William M.W. Mong Block, Faculty of Medicine Building, 21 Sassoon Road, Pok Fu Lam, Hong Kong Tel: (852) 3917 9280 Fax: (852) 2855 9528 E-mail: jcfamily@hku.hk / hkusph@hku.hk Website: http://sph.hku.hk
Funder:	The Hong Kong Jockey Club Charities Trust
Publication date:	September 2014
ISBN:	978-988-13331-6-2

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ASSESSMENT QUESTIONNAIRE

You are cordially invited to sparse around 5-8 minutes to complete the "Evaluation on Harmony@Home Project" assessment questionnaire.

Method of return:

Please cut off the questionnaire along the dotted line after completion, fold and seal it with glue and return the questionnaire by mail. No postage stamp is needed.

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21 Sassoon Road, Pok Fu Lam, Hong Kong

"EVALUATION ON HARMONY@HOME PROJECT" ASSESSMENT QUESTIONNAIRE

Note: Data collected in this questionnaire are only for academic research and statistical analysis. All personal information will be kept strictly confidential.

Please put a "✓" to the most suitable answer(s) you considered.

1. Where did you get this "Evaluation on Harmony@Home Project"?
   ① Project's participating organization ② The Hong Kong Jockey Club ③ District Council
   ④ Library ⑤ Community organization ⑥ Social service organization
   ⑦ Others, please specify: _____

2. Why did you get this "Evaluation on Harmony@Home Project"? (can select more than one option)
   ① Free of charge ② Attractiveness of content ③ Content meets my needs
   ④ Related to my work, can be used as a reference ⑤ Participated in FAMILY Project
   ⑥ Want to explore the practice wisdom in this project ⑦ No reason
   ⑧ Others, please specify: _____

3. **At the time when you fill in this questionnaire**, how much content of "Evaluation on Harmony@Home Project" have you read?
   ① Not at all (0%) ② Less than half (0%-49%) ③ Half (50%)
   ④ About three quarters (75%) ⑤ More than three quarters (76%-99%) ⑥ All (100%)

4. If you have not finished reading the "Evaluation on Harmony@Home Project" yet, will you continue to read it?
   ① Yes, please explain: _____
   ② No, please explain: _____

5. Do you think the content of this "Evaluation on Harmony@Home Project" practical?
   ① Very practical ② Practical ③ Neutral
   ④ Not very practical ⑤ Not practical at all

6. Do you think this "Evaluation on Harmony@Home Project" can fulfill the following objectives?
   (Score 0 represents very incapable, score 10 represents very capable)

   a. Help readers know how to effectively design, implement and evaluate a community-based intervention project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   b. Deepen readers' understanding of the scientific rationale and model (Public health approach & Evidence-based and evidence generating [EBEG]) of this project

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   c. Inspire readers to apply FAMILY 3Hs (Health, Happiness and Harmony) in their future project planning agenda

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

   d. Inspire readers to incorporating CBP & EBEG model and scientific evaluation into their future community-based activities

0	1	2	3	4	5	6	7	8	9	10
Very incapable					Average					Very capable

7. Which part of the "Evaluation on Harmony@Home Project" do you feel satisfied the most? (can select more than one option)
   ① Introduction of Community-based Participatory (CBP) model
   ② Introduction of Evidence-based and evidence generating (EBEG) model
   ③ Evidence-based research — scientific evaluation for programmes
   ④ Impact of the community-based intervention programmes
   ⑤ Future suggestions and recommendations in different level of audiences
   ⑥ None
   ⑦ Others, please specify: _____

8. Do you have any plan to apply suggestions from this "Evaluation on Harmony@Home Project" to design family activities? If yes, when will you intent to apply the suggestions?
   ① Not intend to do so, please specify reason(s):

   _____

   ② Within one month, please specify which suggestion(s) you will adopt:

   _____

   ③ Beyond one month but within half year, please specify which suggestion(s) you will adopt:

   _____

   ④ Beyond half year but within one year, please specify which suggestion(s) you will adopt:

   _____

   ⑤ Intent to, but not sure about the time, please specify which suggestion(s) you will adopt:

   _____

9. After reading "Evaluation on Harmony@Home Project", what is your biggest acquisition? Do you have any other opinions?

   _____

   _____

10. Will you recommend this "Evaluation on Harmony@Home Project" to others? And whom?
    ① Yes, my colleagues
    ② Yes, my friends
    ③ Yes, my organization
    ④ Yes, other community stakeholders
    ⑤ No, I will not recommend to others
    ⑥ Others, please specify: _____

11. Gender:
    ① Male ② Female

12. Age:
    ① <18 years old ② 18-24 years old ③ 25-34 years old
    ④ 35-44 years old ⑤ 45-54 years old ⑥ 55-64 years old
    ⑦ 65 years old or above

13. Education level:
    ① Primary ② Secondary 1-3 ③ Secondary 4-5
    ④ Matriculated (Secondary 6-7) ⑤ Non-degree tertiary ⑥ Degree tertiary or above

14. Are you a registered social worker? ① Yes ② No

15. If yes, how long have you been working in the social service profession: _____ year(s)

16. If you are working in the social service profession, the target group(s) of your organization is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

17. Are you a community stakeholder/leader? ① Yes ② No

18. How long have you been working for the community: _____ year(s)

19. If you are working for the community, your service target group(s) is/are: (can select more than one option)
    ① Resident ② Family ③ Adolescents
    ④ Women ⑤ Children & Teenagers ⑥ Elderly
    ⑦ Mentally handicapped ⑧ Disabled ⑨ Mentally rehabilitated
    ⑩ New arrivals ⑪ Ethnic minority ⑫ Others: _____

FAMILY Project aims to promote FAMILY 3Hs (Health, Happiness and Harmony), if you are willing to receive information from our project, please write down your contact information as follow:

Name: _____

Phone: _____

Email: _____

Address: _____

CONTACT INFORMATION

Address: 5/F, William M.W. Mong Block, Faculty of Medicine Building,
21 Sassoon Road, Pok Fu Lam, Hong Kong
Tel: (852) 3917 6824 / 3917 6702
Fax: (852) 2855 9528
E-mail: jcfamily@hku.hk
Website: http://www.family.org.hk

ISBN 978-988-13331-6-2